CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

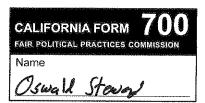
STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
Steward	Oswald	None	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)		, , , , , , , , , , , , , , , , , , , ,	
California Inst. for Regenerative	Med. Z. i.c. Your Position		
Division, Board, Department, District, if applicable	Your Position		
1000	Member - 1000		
▶ If filing for multiple positions, list below or on an attachment. (Do not	use acronyms)		
**Agency:	Position:		
2. Jurisdiction of Office (Check at least one box)			
State	☐ Judge or Court Commissioner (Statewide Jurisdiction)		
Multi-County	County of		
City of	·		
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2013, through December 31, 2013.	Leaving Office: Date Left/ (Check one)	<i></i>	
The period covered is/, through December 31, 2013.	↑ The period covered is January leaving office.	1, 2013, through the date of	
Assuming Office: Date assumed//	The period covered is/, through the date of leaving office.		
Candidate: Election year and office sought,	if different than Part 1:		
4. Schedule Summary	THE REAL PROPERTY OF THE PROPE	Q	
Check applicable schedules or "None." ▶ Tot	al number of pages including this co	over page:	
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business	Positions - schedule attached	
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule		
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Pa	yments - schedule attached	
-or- None - No reportable inte	praets on any cahodula		
5. Verification	areas on any soneouse		
MAILING ADDRESS STREET CITY	STATE	ZIP CODE	
(Business or Agency Address Recommended - Public Document)		N	
DATTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)	2697	
(949) \$24-\$508 I have used all reasonable diligence in preparing this statement. I have revenue and in any attached schedules is true and complete. I acknowledge	/iewed this statement and to the best of my know	ledge the information contained	
I certify under penalty of perjury under the laws of the State of Califo		·	
Date Signed 3-27-2014	Signature Onval Sku	and	
(month, day, year)	(File the originally signed statement	with your filing official.)	

SCHEDULE D Income - Gifts



NAME OF SOURCE (Not an Acronym) APGianin ni Foundation	▶ NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)		
57 Post St. Sam Fyancisco CA 94104	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Funds posadoctoral fellowships		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
3,9,13 : 380 round of golf	\$	
\$		
J	\$	
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
\$	\$	
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
\$		
	\$	
	\$	
Comments:		

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Oswald Stewar

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization
 or the "Speech" box if you made a speech or participated in a panel. These payments are not
 subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE (Not an Acronym) AP Gigning Foundation	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Som Francisco CA GHIO4	CITY AND STATE
San Francisco CA 94104 BUSINESS ACTIVITY, IF ANY, OF SOURCE \$\int 501 (c)(3)\$ Funds Postchartoval Fellowchips	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/	DATE(S)://
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
of the Scientific Advisory Committee	Other - Provide Description
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):// AMT: \$	DATE(S)://
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one)
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Comments:	